STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 24 2018

PLEASE PRINT

I. Name of Lobbyist(s):

Paul A. Worsowicz; Heidi L. Kroll

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of Lobbyist's	s partnership, firm or corporat	ion, if any:	
	GALLAGHER, C	CALLAHAN &	GARTRELL, P.C.
		in Street, Conce	
603-228-	1181	603-226-3477	worsowicz@gcglaw.com
(Telepho	(Telephone)		(Email)
	vers: (Choose one – file separa insactions which are not attribu		ach client, OR you may file a separate report for e client.)
X All reportable tr	ransactions occurring in the mont	h prior to the rep	orting date relative to the following client.
		FE COPING, II	
	(Full Name of Client as it app	ears on the Lobb	yist Registration Form)
	ransactions by the lobbyist (inclu particular client.	ding the lobbyist	's family), or the lobbying firm listed below which a
IV. Date of Report:	April 26, 2017 🛚		July 26, 2017 □
_	tivity from date of registration to	3/31/17	activity from 4/1/17 to 6/30/17
neporis corer. ue		, , , , , , , , , , , , , , , , , , , ,	January 24, 2018 🗵
	October 25, 2017 activity from 7/1/17 to 9/30/17		activity from 10/1/17 to 12/31/17
V. There have been no If this box is checked, o Concord, NH 03301.	o fees received and no reportate complete just this form and subm	le transactions it it to the Secrete	made since the last report. ary of State's Office, State House, Room 204,
VI. Check if addition If you have received.	nal reports are attached: eived fees or made expenditures,	you must file Ac	Idendum A – Fees and Expenses
If you have paid	oursement		st file Addendum B – Report of Honorariums or s, you must file Addendum C – Political Contribution
Sworn Statement/Affi I have read RSA 15, RS to the best of my know	SA 15-B and RSA 664 and hereb	y swear or affirn	n that the foregoing information is true and complete
(Signature of Lobby):	Worson uf		/-22-/ / (Date)
(Digimuno di Eddo)	0		
Paul A. Worsowicz			
(Print Name of lobby	ist)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll								
II. Name of lobbyist's partnership, firm or corporation, if any:								
GALLAGHER, CALLAHAN & GARTRELI								
(Name of partnership, firm or corporation)								
III. Name of Client LIFE COPING, INC.	Date <u>Janua</u>	ry 24, 2018						
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government relation including research, monitoring legislation, and related legal work. The gross fee by any expenses:	ons, or public re	ed shall not be reduced						
a) Total of all fees received in this reporting period	a) \$	6,500.00						
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)	b) \$	14,725.00						
c) Total of all fees received to date. (Add lines a and b)	c) \$	21,225.00						
d) Indicate the amount of any such fees that are due, but have not yet been paid.	d) \$.00,						
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each clic lobbyist(s)/firm that are unrelated to any one client a separate report may be fi are to be reported in one of three categories of expenses: (a) the aggregate reporting period for salaries, benefits, support staff, and office expenses; (be expenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that purchase of a ceremonial object given to a person being lobbied with a value of statement of each individual expenditure made during this reporting period of growered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	elled for the lobble total of all exponents of the aggregate rchased during at is given to the of \$25.00 or less greater than \$25 is, purchase of a er than \$50, re	pyist(s)/firm. Expenses penses paid during the total of all individua a business lunch where e person being lobbied s); and (c) an itemized 0.00 for any purpose no ceremonial object to be staurant expenses for a						
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ b) \$	4,875.00						
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	c) \$.00						
c) Total of all itemized expenditures reported in detail in section VI.	υ, Ψ ———	.00						

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.		
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	4,875.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	14,725.00
f) Total of all expenses year to date.	f) \$	19,600.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying for period, including by whom paid or to whom charged.	ees during this	reporting
Paid to:	dr.	ount
	\$	
	\$	
	^{\$}	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	e foregoing in	nformation
(Signature of lobbyist)	(Date)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Staten	nent/Aff	ĭrma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	nses	for:

Statement of Income and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Life Coping, Inc.					
Date of Report (check one):					
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 24, 2018 🔀					
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
(Signature of Lobbyist) (Date)					
Heidi L. Kroll (Print Name of lobbyist)					